

DEREK KILMER
6TH DISTRICT, WASHINGTON

COMMITTEE ON APPROPRIATIONS
DEFENSE SUBCOMMITTEE
INTERIOR, ENVIRONMENT, AND RELATED
AGENCIES SUBCOMMITTEE
ENERGY AND WATER DEVELOPMENT
SUBCOMMITTEE
COMMITTEE ON HOUSE
ADMINISTRATION
OVERSIGHT SUBCOMMITTEE
MODERNIZATION SUBCOMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-4706

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Passport Information Release

Need a release form for each individual

www.kilmer.house.gov

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

Full Name of Individual Needing Passport (please print): _____

Date of Birth: _____ City of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Social Security Number: _____ Passport Confirmation Number (if Available): _____

Have you contacted another Representative or Senator about the situation for which you are requesting assistance? If so, which office(s), and do they have an open case for you?: _____

Please clearly describe the situation and your desired outcome for which you are requesting assistance. You are encouraged to provide copies of supporting documentation to assist us with your inquiry. Feel free to attach additional pages.

Date of Travel: _____ Foreign Destination: _____

Did You pay for Expedited Processing? _____ Did you pay for Expedited Shipping? _____

Airline, Flight Number and Departure Time: _____

Flight Confirmation Number: or Ticket Number: _____

Any additional information we should know: _____

The information I have provided to Representative Derek Kilmer is true and accurate to the best of my knowledge and belief and is in no way an attempt to evade or violate any federal, state, or local law. In addition, I acknowledge that the information with Representative Kilmer and his staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Representative Kilmer to seek resolution in the matter described above including the right to receive any information contained in my file, to forward correspondence sent by me/us regarding this above matter, or any other action I have related to the matter described above.

Signed: _____ Date: _____ *Signed by parent if minor

*Due to high demand the passport agency cannot guarantee that you will receive your passport prior to your date of travel

EMAIL FORM TO: Cheri.Williams@mail.house.gov